

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **15258**

FILED MAY 12 1953

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 272 | | PRIMARY REG. DIST. NO. 4411 | | Registrar's No. 22 | |
| 1. PLACE OF DEATH a. CITY Pike | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green | | c. LENGTH OF STAY (in this place) Lifetime | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green | | 8820 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Emerson drug store | | | | d. STREET ADDRESS (If rural, give location) 219 South Court | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Francis | | b. (Middle) Andrew | | c. (Last) Emerson Jr. | | 4. DATE OF DEATH (Month) (Day) (Year) April 30 53 | |
| 5. SEX M | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH April 28 1905 | |
| 9. AGE (In years) (Last birthday) 48 | | 10. MONTHS 0 | | 11. IF UNDER 1 YEAR (Days) 2 | | 12. IF UNDER 1 HRS. (Hours) (Min.) | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist | | 10b. KIND OF BUSINESS OR INDUSTRY Drug Store | | 11. BIRTHPLACE (State or foreign country) Louisiana, Mo. | | 12. CITIZEN OF WHAT COUNTRY? US | |
| 13a. FATHER'S NAME Francis A. Emerson | | 13b. MOTHER'S MAIDEN NAME Lula Kennedy | | 14. NAME OF HUSBAND OR WIFE Mildred Emerson | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 491 26 9544 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs F.A. Emerson Bowling Green, Mo | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Arterio Sclerotic Heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 443X | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 11/10/52 , 19 52 , to 4/29/53 , 19 53 , that I last saw the deceased alive on 4/29 , 19 53 , and that death occurred at 7 p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Huguen Boormann (Degree or title) M. D. | | | | 23b. ADDRESS Bowling Green, Mo. | | 23c. DATE SIGNED 5/2/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 3 53 | | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | | 24d. LOCATION (City, town, or county) (State) Bowling Green, Mo. | |
| DATE REC'D BY LOCAL REG. 5-5-53 | | REGISTRAR'S SIGNATURE Bell Robinson | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. A. Mudd Bowling Green, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 8 1967

JUN 9 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James C. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.